

**Financial Disclosure Statement
State Form 40876 (R8 / 9-04)**For the Calendar Year 2005☐ Check if this is an amendment to your current statement.

Name (Last) <u>Daniels, Jr.</u>	Name (First) <u>Mitchell</u>	Name (Middle) <u>E.</u>
Spouse's Name (Last) <u>Daniels</u>	Name (First) <u>Cheri</u>	Name (Middle) <u></u>
Office Address (Street) <u>Statehouse, 2nd Floor</u>	Address (City) <u>Indianapolis</u>	Address (Zip) <u>46204</u>
Office Telephone Number (<u>317</u>) <u>232-4567</u>		Email Address (required) <u>mdaniels@gov.in.gov</u>

I am filing this statement as a (select one) ☐ candidate for office ☐ incumbent officeholder
☒ state employee

Office or Agency <u>Governor</u>	Job Title <u>Governor</u>
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Each part must be answered. Words in *bold italics* are included in the definitions.

PART 1 - GIFTS

(If you have information to report below, select YES. If no information, select NO.)

- ☐ Yes
☒ No

List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (\$100).

Name (Last) <u></u>	Address (City) <u></u>	Address (Zip) <u></u>
Name (Last) <u></u>	Address (City) <u></u>	Address (Zip) <u></u>

Name (Last)	Address (City)	Address (Zip)
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART - 2 REAL PROPERTY INTERESTS

(If you have information to report below, select YES. If no information, select NO.)

☒ Yes☐ No

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

Property and its location

Greenbriar, 4 Copeland Hill, White Sulphur Springs, WV 24986

Property and its location

Laurelwood, Carmel, IN 46032

Property and its location

PART - 3 Non-State Employers

(If you have information to report below, select YES. If no information, select NO.)

☐ Yes☒ No

List the name of your *employer(s)* and the employer(s) of your spouse and the nature of each employer's business.

Your employer

Nature of business

Spouse's employer

Nature of business

INSTRUCTIONS

Each part must be answered. Incomplete statements will be returned. Please note that the statement must be affirmed and signed. Complete the form by printing legibly or typing. ***Bold italicized*** words in the form are defined below. Financial Disclosure Statements filed with the State Ethics Commission are available for public inspection, photocopying, and possible access on the agency Web site [www.ethics.in.gov].

WHO MUST FILE THIS FORM, AND WHEN

- 1) The Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction, any person who is the appointing authority of an agency, the director of each division of the Department of Administration, any purchasing agent within the Procurement Division of the Department of Administration or an employee required to do so by rule adopted by the Commission must file this financial disclosure form no later than February 1 of every year.
- 2) Candidates for Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction must file this disclosure before filing a declaration of candidacy under IC 3-8-2, petition of nomination under IC 3-8-6, or declaration of intent to be a write-in candidate under IC 3-8-2-2.5, or before a certificate of nomination is filed under IC 3-8-7-8.
- 3) The persons listed in (1) above, must file not later than sixty (60) days after employment or taking office, unless the previous employment or office required the filing of a statement under this section.
- 4) The same persons required to file in (1) above must file not later than thirty (30) days after leaving employment or office, unless the subsequent employment or office requires the filing of a statement under this section.

DEFINITIONS OF TERMS USED IN THIS FORM

- 1) **"Business relationship"** means dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing: (A) a pecuniary interest in a contract or purchase with the agency; or (B) a license or permit requiring the exercise of judgement or discretion by the agency.
- 2) **"Employer"** means any person from whom a state officer or employee or the officer's or employee's spouse received compensation (a customer or client of a self-employed individual in a sole proprietorship or a professional practice is not considered to be an employer).
- 3) **"Gift"** means the transfer or promise of a transfer of something of value regardless of the form without adequate and lawful consideration or consideration less than that required of others who are not state officers or employees, including the full or partial forgiveness of indebtedness, which is not extended to others who are not state employees on the same terms and conditions. However, "gift" does not include gifts from relatives of less than two hundred fifty dollars (\$250) or campaign contributions subject to IC 3-9-2.
- 4) **"Person"** means any individual, proprietorship, partnership, unincorporated association, trust, business trust, group, or corporation, whether or not operated for profit, or governmental agency or political subdivision.

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE
(If you have information to report below, select YES. If no information, select NO.)

☐ Yes

<input checked="" type="radio"/> No	
List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.	
Name of Your Business _____	Nature of Business _____
Name of Spouse's Business _____	Nature of Spouse's Business _____
Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)? <input type="radio"/> Yes <input type="radio"/> No	
List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year. _____	

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) <input checked="" type="radio"/> Yes <input type="radio"/> No	
List any partnership in which you or your spouse is a member and the nature of the partnership business.	
Name of Your partnership Daniels Associates, LLC	Nature of partnership Investment
Name of Spouse's partnership Daniels Associates, LLC	Nature of Spouse's partnership investment

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) <input type="radio"/> Yes <input checked="" type="radio"/> No	
List the name of any corporation in which you or your spouse is a officer or director and the nature of the corporation's business. Churches need not be listed.	
Name of Corporation _____	Nature of Business _____
Name of Spouse's Corporation _____	Nature of Spouse's Business _____

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) <div><input checked="" type="radio"/> Yes <input type="radio"/> No</div>			
List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.			
Name of corporation See attached	your's <input checked="" type="checkbox"/>	spouse's <input type="checkbox"/>	children's <input type="checkbox"/>
See attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All other assets in Blind Trust*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) <div><input checked="" type="radio"/> Yes <input type="radio"/> No</div>	
List the name and address of your most recent former employer.	
Name of your most recent former employer Executive Office of the President	Address Street: White House City: Washington State: DC Zip Code: 20500

COMMENTS
Please place any comments in the fields below *Blind Trust ~ Administrator ~ The Trust Company of Oxford, Judith D. Widmer

AFFIRMATION

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I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than **ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000).** I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

X MEDaniel, J
GOVERNOR MITCHELL E. DANIELS

X 1/30/06
DATE

Mr. Mitchell E. Daniels, Jr.

State Form 40876
(Stockholder of Corporation)

2005

Cash Equivalents

Owner

Union Federal	Mitch
WH Federal Credit Union	Mitch
Bank One Checking	Joint
JP Morgan Money Market	Cheri

Mutual Funds

FT Unit 1028 Value Line Target	Cheri
FT Unit 1051 Large Cap Growth	Cheri
FT Unit 1051 Large Cap Value	Cheri
FT Unit 1051 Mid Cap Ser 7	Cheri
FT Unit 1051 Small Cap Ser 7	Cheri
FT 1051 International Ser 7	Cheri

Retirement Plans

Lilly 401(k)	Mitch
Stable Income Fund	Mitch
S&P 500 Index Stock Fund	Mitch
Small Company Fund	Mitch
International Stock Fund	Mitch
Lilly Excess Plan	Mitch
Stable Income Fund	Mitch
S&P 500 Index Stock Fund	Mitch
Small Company Fund	Mitch
International Stock Fund	Mitch
TCO SEP/IRA Rollover	Mitch
Cash	Mitch
Artisan International Equity	Mitch
Dodge & Cox Income Fund	Mitch
Harbor Capital Appreciation	Mitch
PIMCO Commodity Real Return	Mitch
Phoenix Real Estate	Mitch
Schwab S&P 500	Mitch

Selected American Shares	Mitch
Trendstar Small Cap Fund	Mitch
State of IN 457 Retirement Plan	Mitch
Chase Rollover IRA	Cheri
AIM Charter Fund Class A	Cheri
AIM Constellation Fund Class A	Cheri

Daniels Associates, LLC

TCO Tax-Exempt MM	Mitch/Cheri/Margaret/Meredith
Artisan Small Cap Value Fund	Mitch/Cheri/Margaret/Meredith
Excelsior Value & Restructuring Fund	Mitch/Cheri/Margaret/Meredith
Harbor International Fund	Mitch/Cheri/Margaret/Meredith
Harbor Capital Appreciation Fund	Mitch/Cheri/Margaret/Meredith
Ishares Trust S&P 500 Fund	Mitch/Cheri/Margaret/Meredith
Artisan International Fund	Mitch/Cheri/Margaret/Meredith
Columbia International Value Fund	Mitch/Cheri/Margaret/Meredith
Excelsior Emerging Markets Fund	Mitch/Cheri/Margaret/Meredith
PIMCO Commodity Real Return	Mitch/Cheri/Margaret/Meredith
Trendstar Small Cap Fund	Mitch/Cheri/Margaret/Meredith